



Bib Data Sheet



**UNITED STATES DEPARTMENT OF  
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<b>SERIAL NUMBER</b> 09/484,722	<b>FILING DATE</b> 01/18/2000 <b>RULE</b> -	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2739	<b>ATTORNEY DOCKET NO.</b> FUJI 16.959	
<b>APPLICANTS</b> Seiichi Kobayashi, Kawasaki-shi, JAPAN ;					
** CONTINUING DATA ***** NONE TBV					
** FOREIGN APPLICATIONS ***** JAPAN 11-009420 01/18/1999 TBV					
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> ** <b>GRANTED ** 03/10/2000</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> 1/23/03 TBV Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Helfgott & Haras PC Empire State Building 60th Floor New York, NY 10118					
<b>TITLE</b> Apparatus using in-band type access system					
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 1025

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<b>SERIAL NUMBER</b> 09/484,722	<b>FILING DATE</b> 01/18/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2697	<b>ATTORNEY DOCKET NO.</b> FUJI 16.959
<b>APPLICANTS</b> Seiichi Kobayashi, Kawasaki-shi, JAPAN;  <b>** CONTINUING DATA *****</b> <i>NONE</i> <i>TB</i> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 11-009420 01/18/1999 <i>TB</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/10/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>W. Rosenman</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 9
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> K M Z Rosenman 575 Madison Avenue New York, NY 10020				
<b>TITLE</b> Apparatus using in-band type access system				
<b>FILING FEE RECEIVED</b> 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	